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SAN FRANCIS	SCO, CA 94111-383	<del>'</del>		ocelyn A.	Eskow		(Depositor's name)
				Tours	<u> </u>		(Signature)
				ctober 9,	2007		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORN	EY DOCKET NO.	CONFIRMATION NO.
09/973,479	10/08/2001		Peter Hartmaier		02239	95-004330US	5315
	· · · · · · · · · · · · · · · · · · ·	ED TELEPHONE APPL	ICATION PROGRAMMI	NG INTERFACE A	AND MET	HOD OF USE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE T	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0 1		\$1700	10/09/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	_			
1. Change of correspond	ELESS NMN	2617	455-466000				
CFR 1.363).  Change of corresp Address form PTO/Si  "Fee Address" ind PTO/SB/47; Rev 03-(Number is required.  3. ASSIGNEE NAME A	oondence address (or Cha B/122) attached. dication (or "Fee Address' 02 or more recent) attach 	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be THE PATENT (print or types).	the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a istered attorney or agent) and the names of up to egistered patent attorneys or agents. If no name is ed, no name will be printed.  ATENT (print or type) fill appear on the patent. If an assignee is identified below, the document has been filed for stitute for filing an assignment.				
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Openwave Systems Inc. Redwood City, California							
Please check the appropr	iate assignee category or	categories (will not be pri	inted on the patent):	Individual XX Co	rporation o	or other private grou	p entity Government
	are submitted:  To small entity discount post of Copies	<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).</li> </ul>					
5. Change in Entity Stat	tus (from status indicated s SMALL ENTITY status	above)	☐ b. Applicant is no long				
	d Publication Fee (if requ	ired) will not be accepted	from anyone other than the				
Authorized Signature	Mai	æ		Date	०/१/	<b>′</b> 07	
Typed or printed name	John J. Far	rell		Registration N		,291	
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